

MASSAGE PRACTITIONER/THERAPIST PERMIT APPLICATION

FAX: (408) 354-0578

NAME	ADDRESS	PHONE	DATE OF HIRE
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(See reverse)

List Last Massage School Attended _____ Dates _____

Number of hours completed _____

*Attach Diploma/Certificate (of all course-work related to massage)

List Professional Memberships or Trade Organizations

Insurance Carrier (\$100,000 massage malpractice minimum) _____

STREET	CITY	STATE	PHONE
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List all criminal convictions in the last 10 years. (Excluding misdemeanor traffic violations.)

DATE OF CONVICTION	CITY	STATE	CHARGE
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DATE OF CONVICTION	CITY	STATE	CHARGE
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List any PENDING criminal complaints _____ Court _____
Case/Docket # _____

Have you ever applied to the Town of Los Gatos for a massage permit or business license?

☐ Yes ☐ No If yes, list date _____ or number _____

Have you ever been denied a massage permit or had a massage permit suspended and/or revoked within the last 10 years?

☐ Yes ☐ No If yes, complete the following:

LOCATION	DATE OF ACTION	REASON FOR ACTION	AGENCY
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Have you ever been employed by, operated or owned an establishment that was subject to an abatement proceeding? (Penal Code 11225-11325)

☐ Yes ☐ No If yes, complete a separate sheet explaining all the pertinent details of the proceeding

Under penalties of perjury, I certify that the statements I have made on this form are true and correct. I authorize the Town of Los Gatos, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the permit. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.

SIGNATURE OF APPLICANT DATE

FOR OFFICIAL USE ONLY

DATE _____ DOJ CLEARANCE _____ PHOTO COMPLETE _____ APPROVED BY: _____
VALID ID: _____ INSURANCE: _____ ED REQ: _____ BUSINESS LICENSE # _____ TOTAL PAID: \$ _____